HAND DELIVERED

LEGISLATIVE RESOURCE CENTER 1 of

UNITED STATES HOUSE OF REPRESENTATIVES

Name: (-ARLAND "ANDY" BAML 2017 FINANCIAL DISCLOSURE STATEMENT State 22 Daytime Telephone: 202-225-4706 For Use by Members, Officers, and Employees Officer or Employing Office U.S. HOUSE OF REPRESENTANTES MC 18 MAY 15 PH 12: 39

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

REPORT TYPE FILER STATUS 2017 Annual (Due: May 15, 2018) House of Representatives District. Amendment

Member of the U S

Termination Date of Termination Shared Staff Filer Type: (If Applicable) Principal Assistant

Employee

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	Did any individual or organization make a donation to chanty in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	×es ×o	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. Yes Š X

three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION** - Have you excluded from this report any other assets. "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes Yes Š Š X X

SCHEDULE A -

å pi ock b			L ACCETO & "INFARMED INCOME"
B. 0000		Name: (SARLAND "ANDY" BANK	
	•	Page 2 of 3	

SHO WAL BE FILE	ANGULAS FLADS CALAN PLA	House they seem stad	VANGUARD GAOWTHIA	SP PF1ZER HOVEN	ST KEYLERP	ABC Hedge Fund X	Examples Sinds & Sthister	C SE thera Corp Stock Elif.	For a detailed discussion of Schedule A requirements please refer to the instruction bookket	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or joinly held with anyone (JT), or the optional column on the far left.	if you report a privately-tradeo fund that is an Excepted investment Fund please check the "EIF" box	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refirement program, including the Thirtt Savings Plan.	For an ownership interest in a privately help business that is not publicly traded state the name of the business the nature of its activities, and its geographic location in Block A	For renial and other real property held for investment provide a complete address or description e.g. renial property, and a city and state.	For bank and other cash accounts total the amount in all interest-bearing accounts. If the total is over \$5,000 list every financial institution where there is mucie than \$1,000 in interest-bearing accounts.	For all IRAs and other retrement plans (such as 401tk) plans) provide the value for each asset heid in the account that exceeds the reporting briesholds.	Provide complete names of stocks and mutual funds you (do not use only ticker symbols)	asset or source of n \$200 in "unnamed"	identify (a) each asset held for investment or findici- production of income and with a fair market value valua- exceeding \$1.00 at the end of the reporting period, used	ne Sources	BLOCK A
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X	X	×	×	X	X	Fa:thership moorne	Royattes	×	TAX-DEFER	AINS BLIND TRUST RRED	icome or Far	rni Iricome)						lends, inverest, and capital ted, must be disclosed as in taxable accounts. Check trailed no income during the re-	Check at columns that apply. For accounts that generate tax-deterring income (such as 401(k) IRA or 529 accounts, you may object the "Tax-Deferred"	Type of Income	BLOCK C
						×		×	None \$1,5200 \$201,\$1,000 \$201,\$1,000 \$1,001-\$2,56 \$7,501-\$6,00 \$5,001-\$16,00 \$100,001-\$1 \$1,000,001-\$1 Civer \$5,000,001-\$1 Civer \$5,000,001-\$1	90 90 90 90 90 90 90 90 90 90 90 90 90 9	ne over \$10					child in which you have no interest		Dividends, interest, and capital gains, even if must be disclosed as income for assets held accounts. Chec. None if no income was concested.	If For assets for which you checked "Tax-Deferred" in Block C you if may check the "Notic" courting. For all other assets indicate the careonate has been been been been the careonate has been been been been been been been bee	Amount of Income	BLOCK D
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SCHEDULE C - EARNED INCOME

Name: GARLA-10 "Away" Branc Page 5 of 8

Examples: Come State Come Com	Keens State Approved Teaching Fee State of Maryland Civil War Roundtable (Oct. 2) Ontains County Board of Education Spouse Speech Spouse Salary	Samos signals												List the source, type, and the source and amount of EXCLUDE: Military pay (sincome Limits and PR \$28,050 in addition, certa Samples: PF12ER, 17	Last the source. type, and amount of earned income from any source (other fract the file? source and amount of earn honorate. Ist only the source source for other spouse earned income exceedings 2000. See earneless below. REQUEST (such as National Guard or Receive pay), lighted in elements companis, and benefits received under the Security Act. REQUEST in addition, contain types of income (rotably honoratic and exceedings and employees compensated at or above the 'serior staff rate was \$27.765. The 2016 limit is Security and the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the serior staff rate was \$27.765. The 2016 limit is Security restoration to the security restoration to the security restoration to the Security restoration to the security re	Spouse Sheen Spouse Sheen Spouse Sheen Type Approved Teaching Fee Legislarive Pension Spouse Sheen Shouse Sheen Shouse Sheen Shouse Sheen	reporting period. For a spouse, the was \$27,765. The 2018 limit sted. Amount S5,000 S18,000 S1,000 N/A
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SCHEDULE D - LIABILITIES

	Name: GARLAND "ANDY" BAIL	Page 6 of 8
during the reporting period by	during the reporting period by you, your spouse or your dependent child. Mark the highest amount owed during the reporting	ount owed during the reporting
by real property including mo	by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (indees you	uir personal residence (intese vou

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable), and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

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CSMTTUAL	U.S. BANK	Example		entition FA . The Walter	
CEMTRAL BANA AND TRUST	アンス	First Bank of Wilmington, DE	Creditor		
113	21/11	5/15	Liability Incurred MO/YR		
Person hardence	MORTLANE ON PERSONAL RESIDENCE	Mortgage on Rental Property, Dover, DE	Type of Liability		
	-		\$10.001- \$15,000	<i>></i>	
X			\$15.001- \$50,000	ns .	
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		×	\$100,00 1 - \$250,000	0	
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			\$5,000,001- \$25,000,000	1	
			\$25,000,001- \$50,000,000		
			Over \$50,000,000	_	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fratemal, or political entities (such	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE F - AGREEMENTS

	Name: 6 סתרבוף "בשק" 6 סתת	
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-	Page 7 of	
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
hotali	KY EMPLOYES BETIBENEY! SYSTEM	CASH VALUE \$ 23, 843 41 (12/31/17)
	•	BENEFIT \$598 May PayMore BEZINAINA 8/1/2=38

SCHEDULE G - GIFTS

Report the source (by name), a brief description and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example	ฝ้า Joseph Smith, Arington, VA	Silver Flatter (prior determination of personal mendship received from the Committee (in Ethics)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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			Andread and the second						Information Plangement Network Sept 17-18	Credit & Collections News	Heritage Foundation	complex dable for Humanty craft; forfalser	Government of China (MECEA)	Source
				Total Communication of the Com					Sept 17-18	Apr 18-19	Feb8-10	Mar 5-4	4.0 है।।	Date(s)
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